TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One): New STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT COMPLETE BLOCKS 5 THRU 10 F THIS IS AN AMENDMENT (Separate Transmittal for each amendment) 6. FEDERAL STATUTEREGULATION CITATION: 42 U.S.C. 11 396d(o) 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 12 10. SUBJECT OF AMENDMENT: SUBJECT OF AMENDMENT: GOVERNOR'S REVIEW (Check One): SIGNOVERNOR'S GEVIEW (Check One): SIGNOVERNOR'S OFFICE ENCLOSED ON REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SUBJECT OF STATE AGS/NCY OFFICIAL: STATURE OF STATE AGS/NCY OFFICIAL: STATURE CONTROL OF STATE AGS/NCY OFFICIAL: STATURE OF STATE AGS/NCY OFFICIA	DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPRO OMB NO. 0938
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West Virginia

Payments for Medical and Remedial Care and Services 4.19

18. Hospice Reimbursement - General

Payment for hospice care is made at one of four predetermined Medicare rates for each day in which an individual is under the care of the hospice. These rates are established by Medicare for the hospice, and will apply to payment for Medicaid recipients who are not eligible for Medicare. The Medicare rates are adjusted to disregard the cost offsets attributable to Medicare coinsurance amounts. Medicaid pays the Medicare coinsurance for dually eligible individuals.

b. Nursing Facility Residents

When hospice care is furnished to a Medicaid recipient residing in a nursing facility the hospice is paid an additional amount on routine home care and continuous home care days to take into account the room and board furnished by the facility. This additional amount paid to the hospice must equal 95 percent of the per diem rate that would have been paid by Medicaid for that individual. The amount of reimbursement will be a "daily rate" that is 95 percent of the facility per diem rate together with the Medicaid adjustment for the acuity of the Medicaid recipient.

The hospice is responsible for "room and board" which includes performance of personal care services, including assistance in the activities of daily living, in socializing activities, administration of medications, maintaining cleanliness of the resident's room, and supervising and assisting in the use of durable medical equipment and prescribed therapies.

c. Limitations on Payment for Inpatient Care

Limitation on payment for inpatient care will be calculated according to the number of days of inpatient care furnished to Medicaid patients. During the 12 month period, beginning November 1 of each year and ending October 31, the aggregate number of inpatient (both for general inpatient care and inpatient respite care) may not exceed 20 percent of the aggregate total number of days of hospice care provided to all Medicaid recipients during that same period.

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